

Complete Summary

GUIDELINE TITLE

Clinical guideline on the role of dental prophylaxis in pediatric dentistry.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatric Dentistry. Clinical guideline on the role of dental prophylaxis in pediatric dentistry. Chicago (IL): American Academy of Pediatric Dentistry; 2003. 3 p. [29 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
 METHODOLOGY - including Rating Scheme and Cost Analysis
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 INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
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SCOPE

DISEASE/CONDITION(S)

Caries and periodontal disease

GUIDELINE CATEGORY

Counseling
 Prevention

CLINICAL SPECIALTY

Dentistry
 Pediatrics

INTENDED USERS

Dentists
Health Plans

GUIDELINE OBJECTIVE(S)

To educate caregivers and other interested third parties on the indications for and benefits of a dental prophylaxis in conjunction with a periodic oral health assessment

TARGET POPULATION

Infants, children, and adolescents

INTERVENTIONS AND PRACTICES CONSIDERED

1. Dental prophylaxis using any one of the following methods, based on risk factors for caries or periodontal disease:
 - Cloth/gauze (C/G)
 - Toothbrush (TB)
 - Power brush (PB)
 - Rubber cup (RC)
 - Hand instruments (HI)
2. Instruction of caregivers and patients in proper oral hygiene techniques

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

This guideline is based on a review of current preventive, restorative, and periodontal literature, as well as the American Academy of Pediatric Dentistry's (AAPD's) Policy Statement on the Use of a Caries-risk Assessment Tool (CAT) for Infants, Children, and Adolescents and the American Academy of Periodontics' (AAP) Periodontal Diseases in Children and Adolescents.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The oral health policies and clinical guidelines of the American Academy of Pediatric Dentistry (AAPD) are developed under the direction of the Board of Trustees, utilizing the resources and expertise of its membership operating through the Council on Clinical Affairs (CCA).

Proposals to develop or modify policies and guidelines may originate from 4 sources:

1. the officers or trustees acting at any meeting of the Board of Trustees
2. a council, committee, or task force in its report to the Board of Trustees
3. any member of the AAPD acting through the Reference Committee hearing of the General Assembly at the Annual Session
4. officers, trustees, council and committee chairs, or other participants at the AAPD's Annual Strategic Planning Session

Regardless of the source, proposals are considered carefully, and those deemed sufficiently meritorious by a majority vote of the Board of Trustees are referred to the CCA for development or review/revision.

Once a charge (directive from the Board of Trustees) for development or review/revision of an oral health policy or clinical guideline is sent to the CCA, it is assigned to 1 or more members of the CCA for completion. CCA members are instructed to follow the specified format for a policy or guideline. All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field. Members may call upon any expert as a consultant to the council to provide expert opinion. The Council on Scientific Affairs provides input as to the scientific validity of a policy or guideline.

The CCA meets on an interim basis (midwinter) to discuss proposed oral health policies and clinical guidelines. Each new or reviewed/revised policy and guideline is reviewed, discussed, and confirmed by the entire council.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Once developed by the Council on Clinical Affairs (CCA), the proposed policy or guideline is submitted for the consideration of the Board of Trustees. While the board may request revision, in which case it is returned to the council for modification, once accepted by majority vote of the board, it is referred for Reference Committee hearing at the upcoming Annual Session. At the Reference Committee hearing, the membership may provide comment or suggestion for alteration of the document before presentation to the General Assembly. The final document then is presented for ratification by a majority vote of the membership present and voting at the General Assembly. If accepted by the General Assembly, either as proposed or as amended by that body, the document then becomes the official American Academy of Pediatric Dentistry (AAPD) oral health policy or clinical guideline for publication in the AAPD's Reference Manual and on the AAPD's Web site.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

A periodic professional prophylaxis should be performed to:

1. Instruct the caregiver and child or adolescent in proper oral hygiene techniques
2. Remove microbial plaque and calculus
3. Polish hard surfaces to minimize the accumulation and retention of plaque
4. Remove extrinsic stain
5. Facilitate the examination of hard and soft tissues
6. Introduce the young child and apprehensive patient to dental procedures.

In Figure 1 of the original guideline document, titled "Decision Tree for Dental Prophylaxis," these indicators are known as "rationale factors."

A patient's risk for caries/periodontal disease, as determined by the patient's dental provider, should help determine the interval of the prophylaxis.

Determination of the necessity of a topical fluoride treatment is based upon the American Academy of Pediatric Dentistry's (AAPD's) Clinical Guideline on Fluoride Therapy. If a rubber cup prophylaxis is performed, fluoride pastes and/or fluoride-impregnated rubber cups are recommended, especially if it is not followed by a topical fluoride application.

If no "rationale factor" is present and the infant, child, or adolescent is at low risk for caries and periodontal disease, prophylaxis is performed at the discretion of the clinician.

Table: Benefits of Prophylaxis Options

	Plaque removal	Stain	Calculus	Polish/smooth	Education
Cloth/gauze (C/G) *	Yes	No	No	No	Yes
Toothbrush (TB)	Yes	No	No	No	Yes
Power brush (PB)	Yes	Yes	No	No	Yes
Rubber cup (RC)	Yes	Yes	No	Yes	Yes
Hand instruments (HI)	Yes	Yes	Yes	No	Yes

*Only on the incisors of an infant.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate use of dental prophylaxis in pediatric patients

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Resources

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

The guideline is based in part on the American Academy of Pediatric Dentistry's (AAPD's) Policy Statement on the Use of a Caries-risk Assessment Tool (CAT) for Infants, Children, and Adolescents and the American Academy of Periodontics' (AAP) "Periodontal Diseases in Children and Adolescents."

DATE RELEASED

2003

GUIDELINE DEVELOPER(S)

American Academy of Pediatric Dentistry - Professional Association

SOURCE(S) OF FUNDING

American Academy of Pediatric Dentistry

GUIDELINE COMMITTEE

Clinical Affairs Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatric Dentistry Web site](#).

Print copies: Available from the American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 700, Chicago, Illinois 60611

AVAILABILITY OF COMPANION DOCUMENTS

Information about the American Academy of Pediatric Dentistry (AAPD) mission and guideline development process is available on the [AAPD Web site](#).

The following implementation tools are available for download from the AAPD Web site:

- [Dental growth and development chart](#)
- [American Academy of Pediatric Dentistry Caries-Risk Assessment Tool \(CAT\)](#)

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on March 7, 2005. The information was verified by the guideline developer on April 18, 2005.

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